

that great therapist, Prof. Metcalfe, of N. Y., shows that he long ago pursued this practice. A few months ago I wrote to him asking his views on this subject, after having freely given him mine in regard to the superiority, over all others, of the abortive and restorative treatment of Hæmorrhagic Malarial Fever, and the use of opium. His reply was very gratifying to me. Says he: "Were I to write pages I could say no more than to express my cordial approval of the therapeutics you have adopted. For many years I have known and taught that the old notion of incompatibility between uræmia and opium, especially when we could regulate the dose (as we can by hypodermic use), was a bugbear of tradition."

Unfortunately, should uræmia or slight symptoms of it occur in the course of the affection we have been considering, we cannot use some of the measures sometimes successfully employed in this disease. We cannot use hydragogue cathartics. These would rapidly hasten death. We can use dry cups, hot air bath, and, perhaps, infusion of digitalis; but we must never crowd our patient's stomach. And polypharmacy in this disease is synonymous with fatality.

While morphine promptly relieves the nausea and vomiting, and is, I think, a capital anti-uræmic remedy, we must not abuse the advantage it gives us. We may destroy its good effects upon the stomach, by loading this organ with too much food and nauseous drugs. Every thing must give way to those things upon which our patient's safety depends, and the utmost caution and care are required in their administration. In uræmic intoxication, in addition to the hypodermic use of morphine and external measures, we are justified in giving digitalis.

The treatment, gentlemen, which I have given you, and which has served me well, is, I think, sanctioned alike by pathology, clinical experience and common sense. To delay in administering our only hope of cure, and waste time so precious in vain attempts, by a so-called preparatory